L0500093431

| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | • | | | |
| | | | | |

Office Use Only



600236218936

06/15/12--01003--022 **35.00

N. GUMMEN JUN 182012

COVER LETTER

| TO: | Registration Section Division of Corpora | |
|----------|---|---|
| SUBJECT: | | VENUS 122, LLC |
| | | Name of Limited Liability Company |
| The en | closed Articles of Ame | ndment and fee(s) are submitted for filing. |
| Please | return all corresponden | ce concerning this matter to the following: |
| | | EDUAR DO ROBAYO Name of Person |
| | | UENUS 122, LLC Firm/Company |
| | | 1111 SW IST. AVENUE # 105 |
| | - | MIAMI, FL 33130 City/State and Zip Code |
| | _ | MBREITMAN D KOKORIKORES TAURANTS - COM E-mail address: (to be used for future annual report notification) |
| For fur | ther information conce | rning this matter, please call: |
| MA | Name of Pers | |
| Enclos | ed is a check for the fol | lowing amount: |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| r I L | ED | |
|-----------|----|-------|
| 12 JUN 15 | PH |]: 5L |
| N. Care | | |

| 0 | ייבט |
|--|---|
| . i | 12 JUN 15 PM 1:54 |
| VENUS | 12 JUN 15 PM 1: 54 12 LL CECKETARY DE STATE ny as It now appears on our records HASSEE, FLORIDA Liability Company) |
| (Name of the Limited Liability Compa | ny as it now appears on our records HASSEE EL COUR |
| | |
| The Articles of Organization for this Limited Liability Company | were filed on 09/22 2005 and assigned |
| Florida document numberL_0500009343.1 | |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | diffy company have |
| A. If amending name, enter the new name of the minited had | |
| The new name must be distinguishable and end with the words "Limi | ited Liability Company," the designation "LLC" or the abbreviation |
| "L.L.C." | ned Liability Company, the designation LLC or the appreviation |
| Enter new principal offices address, if applicable: | 1111 SW IST. AVENUE # 105 |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 33130 |
| (Trincipal office address MCST BE A STREET ADDRESS) | 11141,14 55150 |
| | |
| The transfer of the state of th | III OU CT MURIE 4 105 |
| Enter new mailing address, if applicable: | 1111 SW ST ANDUE # 105 MIAMI, FL 33120 |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAM1 , PL 33/80 |
| | |
| B. If amending the registered agent and/or registered of | fire address on our records enter the name of the new |
| registered agent and/or the new registered office address her | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | NA |
| New Registered Office Address. | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name | **Address Type of Action** Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated. Signature of a member or authorized representative of a member EDUPADO ROBAYO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00